

yment to Agency Re	eport A Public D	ocument	PAYMENT TO AGENCY REPORT	
Agency Name		Date Stamp	California 801	
California Energy Commission			Form OUI	
Division, Department, or Region (if applicable)			For Official Use Only	
Small Offices / Commission	ers Office	1.20		
Street Address		N 1 . 17		
1516 9th Street				
Area Code/Phone Number	Email	Amandment (av	alain in comment section)	
(916) 651-6176	kevin.barker@energy.ca.gov	Amendment (ex	Amendment (explain in comment section)	
Agency Contact (name and title)		Date of Original Fili	ing:	
	to Chair Robert B. Weisenmiller	of define	(month, day, year)	
Donor Name and Addre	ee			
Donor Name and Addres	55	The Climate Grou	un.	
Individual Last Name	First Name	☑ Other	Name	
Riverside Bldg., County Hal		7PB, United Kingdom		
Address	City	State	Zip Code	
Aims to address climate cha	ange through renewable energy & g	greenhouse gas emissions redu	uction projects & campaigns	
	s business activity (if business) or its nature and ir			
par i contra por i degratore e e e e e e e e e e e e e e e e e e				
If applicable, in	dentify the name of each source and th	e amount(s) received by the donor	r for this payment:	
	\$		\$	
Name	Amount	Name	Amount	
Payment Information (C	omplete Sections 3.1 (a or b),			
3.1 (a) Travel Payment	Essen, Germany	Apr	ril 23-27, 2018	
	Location of Travel		Dates (month, day, year)	
British Airways and Virgin A	tlantic ☐ Rail ☑ Air ☐ B	Bus □ Auto □ Other Mot	tel One Essen/Airport Lounge	
Transportation Provider	Check Applicable B		Name of Lodging Facility	
371.47	338.87 ,1,127.35	9.39	s 1,847.08	
Lodging Expenses	Meal Expenses Transportation Ex	xpenses Other Expenses	Total Expenses	
3.1 (b) Payment(s) not rel	ated to travel:	\$		
		Dates (month, day, year)	Total Expenses	
3.2. Payment Description	. Provide a specific description	of the payment and its agenc	y purpose and use.	
Kovin Barker has been	asked to speak at the Energ	v Transition Plan Innovation	on Lah Workshop to	
	ornia's key energy efficiency		on Lab Workshop to	
provide inputs on Callin	offile's key effergy efficiency	challenges and policies.		
3.3. Identify the officials v	vho used the payment in Section	3.1 (See instructions)		
Barker	Kevin	Chief of Staff	SmallOffices/Commissioner	
Last Name	First Name	Position/Title	Department/Division	
Lost Nam-	Circl No.	Desition (Title	Donartmont/Divinion	
Last Name	First Name	Position/Title	Department/Division	
Verification				
I authorized the acceptance	of the reported payment(s) as in c	ompliance with FPPC regulatio	ons.	
1 hartest	Courtney Smith	Chief Deputy Director	5/x/10	
Signature	Print Name	Title	(month, day, year)	
Volgitature	Time Name	THE STATE OF THE S	(
Comment:				
(Use this space or an attachment	for any additional information)		EDDC Form 801 (lan/14)	

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